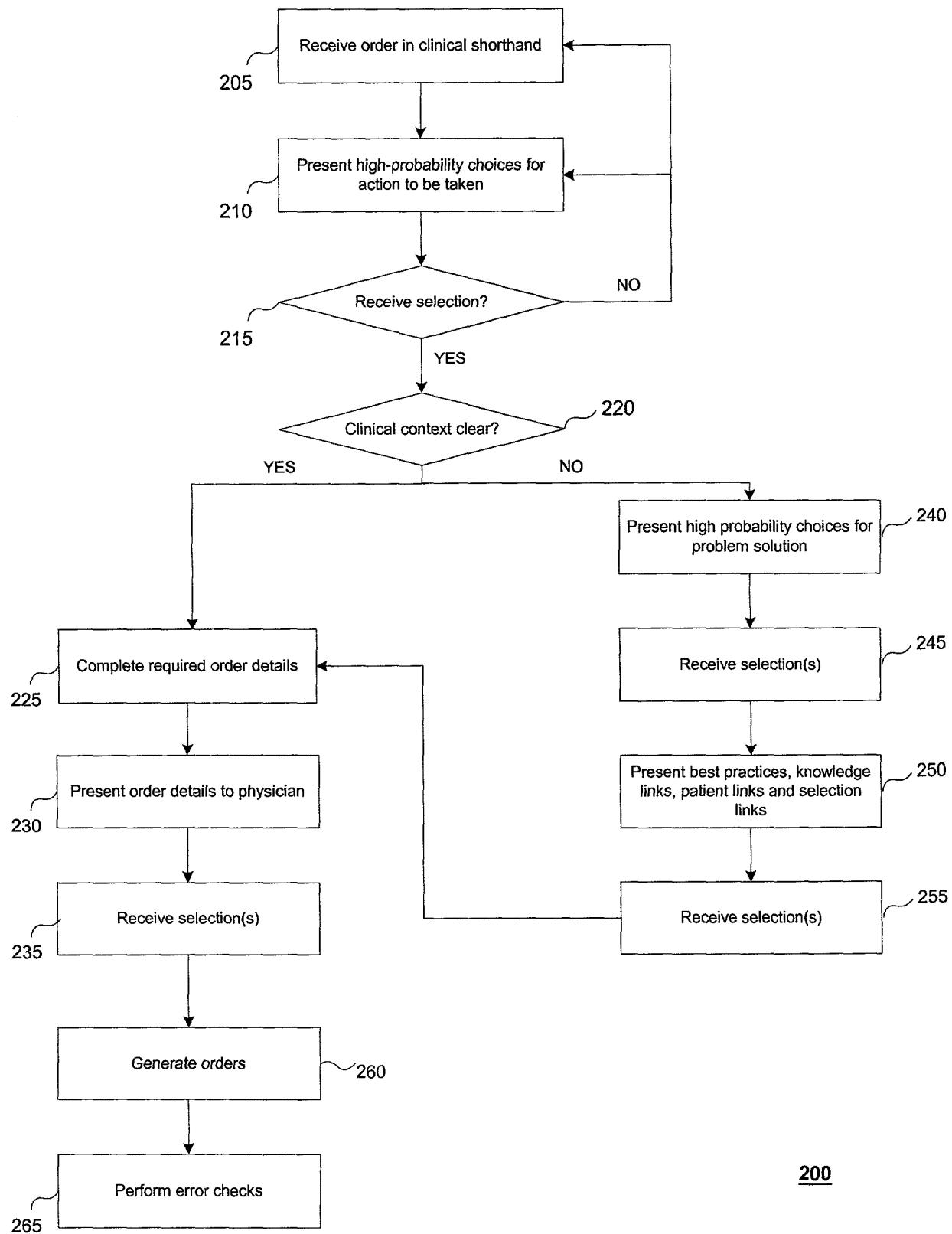


**FIG. 1**



**FIG. 2**

## CASS Popup

Treatment Advisor for Deep Vein Thrombosis, Pulmonary Embolism, and Acute Coronary Syndrome in Adults

Care Improvement Committee: Approved 7/1/99; Updated 12/4/00 ~ 306

304

You have started an order for a V/Q scan ~ 302

HELP

308

Please select the desired course of action under the appropriate indication for a V/Q scan and click OK when done ~ 310

**Suspected Diagnosis of DVT:** Initiate diagnostic testing and**DVT**  Initiate IV heparin bolus as interim measure312  Initiate definitive therapy with IV heparin and warfarin\*\*

312a

**Confirmed Diagnosis of DVT:** Initiate therapeutic IV heparin and warfarin**Suspected Diagnosis of PE:** Initiate diagnostic testing and**PE**  Initiate IV heparin bolus as interim measure ~ 314b314  Initiate definitive therapy with IV heparin and warfarin\*\***Confirmed Diagnosis of PE:** Initiate therapeutic IV heparin and warfarin

314c

**Acute Coronary Syndrome****ACS**  Initiate treatment for ACS

316

**Other** ~ 322

320 ~

 Return to CASS to complete order to other diagnosis

324

326

OK

CANCEL

318

\*\*There are no evidence-based guidelines regarding initiating definitive therapy when the diagnosis is not yet confirmed. This decision requires careful assessment and documentation of risks and benefits. May be appropriate when clinical suspicion is high or when diagnostic testing is delayed.

**Major Contraindications to IV Heparin Therapy**

intracranial hemorrhage  
active internal bleeding  
bleeding peptic ulcer  
malignant hypertension  
heparin-induced thrombocytopenia w/in past 3 months  
concern for spontaneous bleeding  
surgery/invasive procedure planned/likely  
anticipated use of thrombolytic agents immediately  
OTHER CONTRAINDICATIONS

**Information and Recommendations (links)**DIAGNOSTIC TESTS TO CONFIRM/EXCLUDE DVTMEDICAL THERAPY OF ACUTE DVTMEDICAL THERAPY OF ACUTE PEHEPARIN-INDUCED THROMBOCYTOPENIALOW MOLECULAR WEIGHT HEPARIN

BACK

HOME

PRINT

328

330

332

CASS Popup

**Temporary IV heparin for Suspected PE in Adults During Testing**

402

Guidelines for suspected PE evaluation are listed below:

- obtain a baseline PTT, PT/INR, CBC with platelets if necessary 404
- check for contraindications to heparin therapy [CONTRAINDICATIONS]
- if no contraindications, give heparin 5000 units IV [INFO ON HEPARIN-INDUCED THROMBOCYTOPENIA]
- order imaging study to confirm diagnosis [INFO ON TESTS TO CONFIRM OR EXCLUDE PE]

Orders you may wish to consider (check to order) - order only necessary items (duplicate order checking not done on this page).

- Bolus with I.V. heparin (U) 412
- baseline PTT now (if necessary) 406
- baseline PT/INR now (if necessary) 410
- baseline CBC with platelets now (if necessary)

Current Date and Time: 4/18/2001 8:19 AM		
Anticoag Meds	Dose	Date
		No Anticoagulant Meds
Labs	Value	Date
PTT	None Available	
INR	None Available	
Platelet Count	None Available	
PCV	None Available	

**Diagnostic Test for PE**

414a

- V/Q Scan (0800-2300, everyday) -or-

- Spiral CT (24 hours a day, everyday), only useful for 414 detecting large central pulmonary embolism

408

**Reason for Test (required):**

- Hemoptysis
- Acute Pulmonary Heart Disease, Other
- Painful Respiration
- Chest Discomfort, Pressure, or Tightness 416
- Respiratory Distress
- Respiratory Abnormality (unsp)
- Other

416b

I am not doing some/all suggestions above because: 

418

420

422

**FIG. 4**

500

CASS Popup

502

## Guidelines for Weight-Based Dose Adjustments of IV heparin for confirmed DVT/PE

Care Improvement Committee (Approved 12-1-99) ~ 504

Patient Weight = 77 kgs, Current Heparin Drip = 1390 U/Hr. Recommendations based on these values (indicated below in *italics*) require a PTT which was obtained at least 4-6 hours after the last change in the heparin drip 506

PTT (seconds)	Dose change (U/kg/hr)	Additional Action	Next PTT (hours)	Click to use
< 50	+4 ( $1390 + 310 = 1700$ U/Hr)	Rebolus w/80 U/kg ( $80 \times 77$ kg = 6200 Units)	6	A ~ 508a
50-64	+2 ( $1390 + 150 = 1540$ U/Hr)	Rebolus w/40 U/kg ( $40 \times 77$ kg = 3100 Units)	6	B ~ 508b
65-110	0	None	6	
111-160	-2 ( $1390 - 150 = 1240$ U/Hr)	None	6	C ~ 508c
>160	-4 ( $1390 - 230 = 1160$ U/Hr)	Stop infusion one hour	6	D ~ 508d

### Orders you may wish to consider (check to order):

Stop heparin for 1 hr

516

change heparin infusion to (U/hr)

Rebolus heparin IV (U)

continue heparin infusion without change

510

Current Date and Time: 4/18/2001 9:16 AM

Anticoag Meds	Dose	Date
Heparin drip	1390 U/hr	4/18/2001 9:10 AM
Heparin bolus	6200 U	4/18/2001 9:10 AM
Warfarin	2.5 mg QHS	4/18/2001 10:00 PM
Labs	Value	Date
PTT	None Available	
INR	None Available	
Platelet Count	None Available	
PCV	None Available	

If any of the above recommendations are inappropriate, please explain:

518

520

522

524

526

528

530

# FIG. 5